

## Department of Industrial Accidents

### Prospective Review - No Additional Medical/Clinical Information Required

#### I. Definition:

Utilization review conducted prior to a patient's health care services or course of treatment including, but not limited to, outpatient procedures, office visits, durable medical equipment, and some pharmaceuticals. May also include services for which care has been initiated prior to the request for prospective review that will:

- 1) continue prospectively such as a PT evaluation prior to a request for prospective review of condition/diagnosis requiring physical therapy and;
- 2) have the same treatment provider and;
- 3) have the same condition/diagnosis and ICD-9 code.

Notice of determination must occur within *two (2)* business days of the receipt of request and the receipt of all information necessary to complete the review.

#### 1<sup>st</sup> Business Day of Request:

1. Request for utilization review of health condition/diagnosis and corresponding procedure(s) and/or treatment(s) received by utilization review organization.
2. UR staff enters demographic information and forwards medical information to initial utilization reviewer.
3. UR Agent contacts adjuster to confirm compensability and documents name, date and time of confirmation in UR case notes.
4. UR introductory letter sent the day written request is received. Introductory letter shall instruct IW to contact adjuster if card is not received from insurer.
5. Licensed UR reviewer begins review of clinical information. Date of request, category and type of review must be noted in UR case notes.
6. If additional clinical information is required, licensed UR reviewer should follow procedure for request of additional clinical information and document time and date of request in UR case notes.
7. If no additional clinical information is required, licensed UR reviewer proceeds with prospective review to determine medical necessity and appropriateness of care for the procedure(s)/treatment(s). Using the condition/diagnosis, the UR reviewer determines the treatment guideline to use to render the determination of the procedure/treatment under review.

#### II. HCSB Treatment Guideline Applies:

Licensed UR reviewer continues review of clinical information comparing condition/diagnosis and corresponding treatment(s)/procedure(s) requested with HCSB treatment guidelines/review criteria.

##### A. Approval - HCSB Treatment Guideline Review:

1. The licensed clinical reviewer determines HCSB treatment guidelines/review criteria apply to condition/diagnosis under review and approves request. Approval letter sent to IW/OP within *two (2)* business days of receipt of request. Approval letter sent to IW/OP includes guideline and clinical rationale. Date of request, category and type of review must be documented UR case notes.

**B. HCSB Treatment Guideline Applies - Licensed UR Reviewer Unable to Determine:**

1. Licensed UR reviewer determines HCSB treatment guideline applies, but UR reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review by *next* business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.

**C. No HCSB Treatment Guideline Applies:**

1. The licensed UR reviewer determines no HCSB treatment guideline applies and moves to review of secondary sources.

**III. Secondary Source Guideline Review:**

Licensed UR reviewer continues review of clinical information comparing condition/diagnosis and corresponding treatment(s)/procedure(s) requested with secondary source treatment guidelines/review criteria.

**A. Approval-Secondary Source Guideline Applies:**

1. The licensed clinical reviewer determines secondary source treatment guidelines/review criteria apply to condition/diagnosis under review and approves request. Approval letter sent to IW/OP within *two* (2) business days of receipt of request. Approval letter sent to IW/OP includes guideline and clinical rationale. Date of request, category, and type of review must be documented in UR case notes.

**B. Secondary Source Treatment Guideline Applies - Licensed UR Reviewer Unable to Determine:**

1. Licensed UR reviewer determines secondary source treatment guideline applies, but UR reviewer is unable to determine request. Licensed UR reviewer forwards request for same school peer review by *next* business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.

**C. No Secondary Source Treatment Guideline Applies:**

1. The licensed UR reviewer determines no secondary source treatment guideline applies. Licensed UR reviewer contacts supervisor and moves to Internal Guideline Development and Review Procedure.

**IV. Same School Peer Review:**

**A. Approval:**

1. By *next* business day, same school peer reviewer conducts clinical review and renders approval. Approval Letter sent within *two* (2) business days from date of receipt of request for UR review. Date of request and clinical rationale must be documented in UR case notes. Approval letter includes name and school of reviewer, guideline, and clinical rationale.

**B. Request for Additional Medical Information:**

1. By *next* business day, school-to-school reviewer determines additional medical information is required to conduct review. School-to-school reviewer moves to procedure for request of additional medical information.

**C. Adverse Determination:**

1. By *next* business day, same school peer reviewer issues adverse determination. Adverse determination letter/notice sent within *two* business days from date of receipt of UR request. Adverse determination letter/notice includes name and school of reviewer, guideline/criteria clinical rationale, and appeal procedure. Date of request, type of review and clinical rationale must be documented in UR case notes.

**Advisory Note:** All agents must have a procedure in place (Exhibit D) of their approved application that includes a procedure for issuing a prospective review determination using their internal guideline review procedure. If no additional clinical information is required, prospective review determinations using *\*internal guideline procedures* must be issued within *two (2)* business days from date of request.

*\*Internal guideline procedures for determination are required to include a literature search and citation of applicable journal articles and scientific research concerning the condition and procedure(s) requested. While the clinical training and experience of the reviewer will be considered, it cannot be the sole criteria used as the basis for the determination.*